

*Recd on 5/2/04 from Sarah Knight (RUH)  
Re: scoring MAU proposals.*

**Annex A**

**Impact Assessment Form**

**Completing the Impact Assessment**

This Impact Assessment will form a significant part of the process used by the NHS organisation and the local Overview and Scrutiny Committee (OSC) to decide whether the changes being discussed constitute a 'substantial development' of service. If a decision is made that the changes do constitute a 'substantial development' of service, formal consultation with the OSC (and potentially with the wider public) is necessary. It will be appropriate to agree the consultation process with the OSC.

Please complete all the boxes below and complete the attached Impact Assessment scoring form. The Impact Assessment needs to be completed at an **early and formative** stage in the development of the proposals or discussion around service change – not at a stage when it is too late to make changes to the process. It must be submitted to the local Overview and Scrutiny Committee by the lead PCT.

The Trust or PCT needs to score the form attached to support the Impact Assessment – there is also an opportunity to comment on the issues this throws up. A score is also required from a group of people affected by the changes (eg patients, users or carers) before it can be submitted. The Trust or PCT will need to identify and agree who will do this - for example it may be the local user group you are working with on the proposed changes, an involved voluntary group or the Trust's Patient and Public Involvement Forum. The aim is to demonstrate that the views of some of those affected by the change are incorporated in this part of the process. This is consistent with a Trust or PCT's new legal responsibility to involve and consult people who use services in the planning, operation and delivery of services (Section 11, Health and Social Care Act 2001).

This form and the Impact Assessment scores will be forwarded to the relevant OSC for consideration. Please complete all boxes, plus the scoring matrix attached and forward to your line manager and organisational lead for Overview and Scrutiny Committee

<b>1. Impact Assessment Details</b>	
Name of Trust/PCT	Royal United Hospital NHS Trust
Name of proposal or service development	Establishment of a Medical Assessment Unit.
Name of Trust/PCT person completing the form	Sarah Knight, Head of Corporate Services.

Name of Patient and Public Involvement Forum or other patient/user/carer/voluntary group supporting Impact assessment	Group consisted of: Patient Forum representative PCT PALS Officer Carers Network Manager Chair of the League of Friends at the RUH Ex Chair of the Community Health Council (Now disbanded)
Date Impact Assessment scores completed	07/01/2004
<b>2. Please briefly describe the scope of the proposal or service development</b>	
<p>The Royal United Hospital NHS Trust proposes the development of a Medical Assessment Unit. This Unit will focus resources and investigations following admission from the Accident and Emergency Department and only patients that need a longer stay in hospital will transfer to the core of the hospital. The proposal will significantly reduce the number of patients waiting for diagnostic tests and therefore reduce average length of stay.</p> <p>The proposal will reduce the number of required bed days which in turn will allow the Trust to reduce the number of beds to pay for the Medical Assessment Unit.</p> <p>The proposal will be more efficient and a better service for patients. There will be no variation to the services offered.</p>	
<b>3. Comments from the Service Provider on the Impact Assessment scores</b>	
<p>The proposal improves the way services are delivered but that does not substantially alter the services provided. The proposal should dramatically improve the experience of patients.</p>	
<b>4. Comments from the patient/user/carer/Patient and Public Involvement Forum or voluntary group on the Impact Assessment scores</b>	
<p>The patient, user and carer group thought that the proposal was very positive and the group was supportive of the development.</p> <p>Concern was raised by one member of the group regarding the score of +7 Methods of Service Delivery as this may indicate a substantial positive impact. The group felt that the proposed changes should be implemented as soon as possible. It was felt that further public information and engagement would be useful.</p>	

Submitting PCT contact point for OSC officer: Derek Thorne  
 Tel no: 01225 831805 E Mail: [Derek.Thorne@banes-pct.nhs.uk](mailto:Derek.Thorne@banes-pct.nhs.uk)  
 NHS Trust contact point for OSC officer (if appropriate): Sarah Knight  
 Tel no: 01225 821570 E Mail: [sarah.knight@ruh-bath.swest.nhs.uk](mailto:sarah.knight@ruh-bath.swest.nhs.uk)  
 Does the proposal cover more than one OSC areas  
 If yes which one(s)? Wiltshire and Somerset. YES  
 Has an Impact Assessment been forwarded to this OSC(s)? YES  
 Date Impact Assessment forms submitted to OSC: Feedback to BANES 9 January 2004.

The scoring shall be undertaken on a seven point scale, ranging from major negative impact (-3) to major positive impact (+3), using the matrix set out below.

A service variation or development shall be considered substantial where any aspect is deemed to have a major negative impact (ie scored --3) or where the total score in any one of the five impact areas is -7 or less or +7 or more].

Proposal NHS Body	B&NES	Bristol	North Somerset	South Gloucs
OSG Area Affected	-3		Major negative impact	
Impact Range	-2		Medium negative impact	
	-1		Minor negative impact	
	0		No impact	
	+1		Minor positive impact	
	+2		Medium positive impact	
	+3		Major positive impact	

### 1. Changes in Accessibility

Ref	Aspect	Patient/Carer Perspective	Impact	Organisational Perspective	Impact
A	Reduction/Increase in Service	<ul style="list-style-type: none"> <li>▪ 7 day a week.</li> <li>▪ Access to diagnostic tests.</li> </ul>	+3	<ul style="list-style-type: none"> <li>▪ 7 day a week service.</li> <li>▪ Senior clinician review earlier on in the patient pathway.</li> <li>▪ Fast turn around of diagnostic tests.</li> </ul>	+3
B	Local Provision Accessibility	Not applicable	0	<ul style="list-style-type: none"> <li>▪ Chest pain unit will be established.</li> <li>▪ Acute Medical Assessment area and A &amp; E will all be in the same place.</li> </ul>	0
C	Relocation of Service	<ul style="list-style-type: none"> <li>▪ Physical location.</li> <li>▪ Closer access to tests.</li> <li>▪ Not having to walk around hospital.</li> </ul>	+2	<ul style="list-style-type: none"> <li>▪ Smaller 'footprint' for MAU with all services nearby.</li> <li>▪ Albert Ward relocated to the core of the hospital in better accommodation.</li> <li>▪ Relocate the Acute Rehabilitation Unit to main hospital.</li> </ul>	+2
D	Withdrawal of Service	All services remain but provided in a different way.	0	<ul style="list-style-type: none"> <li>▪ The emergency service will continue and will be improved through the revised MAU.</li> <li>▪ The increased efficiencies will reduce the number of occupied bed days in the Trust.</li> </ul>	0

## 2. Impact on the Wider Community

Ref	Aspect	Patient/Carer Perspective	Impact	Organisational Perspective	Impact
A	Transport	<ul style="list-style-type: none"> <li>▪ More discharges at weekends.</li> <li>▪ Less public transport only a negative until increased public transport and community transport for vulnerable groups.</li> </ul>	-1	<ul style="list-style-type: none"> <li>▪ No change in the provision of transport, however, more planned discharges will improve scheduling.</li> <li>▪ Discharge planning will allow patients time to make other arrangements if appropriate.</li> </ul>	+1
B	Community Safety	Not applicable.	0	<ul style="list-style-type: none"> <li>▪ Asbestos type material in Forbes Fraser will be removed.</li> </ul>	+1
C	Local Economy	Not applicable.	0	<ul style="list-style-type: none"> <li>▪ No major impact.</li> <li>▪ Patients may be back at work sooner.</li> </ul>	0
D	Environment	No impact.	0	<ul style="list-style-type: none"> <li>▪ Old wards will be demolished (Albert &amp; ARU).</li> </ul>	+1

### 3. Patients/Carers Affected

Ref	Aspect	Patient/Carer Perspective	Impact	Organisational Perspective	Impact
A	Number of Patients/Carers	<ul style="list-style-type: none"> <li>- Great proportion affected.</li> <li>- A large number affected because of high number of emergencies.</li> </ul>	+3	Improved service for all emergency and elective patients due to improved access and discharge procedures.	+3
B	Proportion Affected	All emergency patients affected as everyone will get treated.	+2	<ul style="list-style-type: none"> <li>- 100% emergency patients.</li> <li>- Majority of elective patients affected by reduced threat of cancelled operations.</li> </ul>	+2
C	Equality & Diversity	Not applicable.	0	Not applicable	0
D	Social Exclusion	Not applicable.	0	Not applicable	0

#### 4. Methods of Service Delivery

Ref	Aspect	Patient/Carer Perspective*	Impact	Organisational Perspective	Impact
A	Change in Setting	<ul style="list-style-type: none"> <li>▪Physical location.</li> <li>▪Removing blocks in system e.g. waiting for tests.</li> </ul>	+3	<ul style="list-style-type: none"> <li>▪The creation of MAU will facilitate the change in the delivery of care.</li> <li>▪Benefit by having equipment e.g. exercise test in the assessment area.</li> </ul>	+2
B	Change in Technology	<ul style="list-style-type: none"> <li>▪Digital dictation system.</li> </ul>	+1	<ul style="list-style-type: none"> <li>▪The relocation of technology e.g. extending the air tube system is the main benefit.</li> </ul>	0
C	Change in Practitioner	<ul style="list-style-type: none"> <li>▪Change to senior physician.</li> <li>▪More responsibility of nurses and physiotherapists etc.</li> </ul>	+1	<ul style="list-style-type: none"> <li>▪Appoint an acute physician rather than a general physician.</li> <li>▪Role of the consultant nurse in cardiology.</li> <li>▪Allied Health Professionals will increase their input to focus on discharge.</li> </ul>	+2
D	Change in Care Process	<ul style="list-style-type: none"> <li>▪Better processes all round.</li> </ul>	+3	<ul style="list-style-type: none"> <li>▪Further development of clinical algorithms.</li> <li>▪Revised care pathway.</li> <li>▪Proposed assessment model.</li> </ul>	+2

**5. Financial and Other Factors**

Ref	Aspect	Patient/Carer Perspective	Impact	Organisational Perspective	Impact
A	Financial Impact on NHS body	<ul style="list-style-type: none"> <li>-Cost neutral for staffing costs.</li> <li>-Some reservation noted about the risks associated with the plan, for example increases in emergencies</li> </ul>	0	<ul style="list-style-type: none"> <li>-First year -2 as pump priming is required of £1m.</li> <li>-Efficiencies are needed to pay for the system.</li> </ul>	-2
B	Financial Impact on Local Authority and other agencies	<ul style="list-style-type: none"> <li>-Patients may be discharged sooner requiring more intervention elsewhere.</li> <li>-Resources may be there but without the flexibility to move them between organisations.</li> </ul>	-1	<ul style="list-style-type: none"> <li>-Delayed discharges are significant in the Trust. Social Services may need to improve access to nursing homes.</li> </ul>	-2
C	Other material factors	Not applicable.	0	<ul style="list-style-type: none"> <li>-Capital funding of an additional £1.5m.</li> </ul>	+1
D	Cumulative effect of change	<ul style="list-style-type: none"> <li>-Revenue neutral.</li> <li>-Other benefits.</li> </ul>	+1	<ul style="list-style-type: none"> <li>-Length of stay efficiencies resulting in savings.</li> </ul>	+2